

<p>Client ID Number: _____</p> <p>Session ID Number: _____</p> <p>Site Number: _____</p> <p>Risk Reduction Specialist ID Number: _____</p> <p>Session Date: _____</p> <hr/> <p>Test Results:</p> <p>HIV: _____</p> <p>HCV: _____</p> <p>Gonorrhea: _____</p> <p>Chlamydia: _____</p> <p>Syphilis (RPR/VDRL): _____</p> <p>TPPA/FTA-ABS: _____</p> <p>Other: _____</p> <p>HIV Results Given: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HCV Results Given: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>STD Results Given: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Syphilis: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Gonorrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chlamydia: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other: _____</p> <p>_____</p>	<p>Referral to: Date Date</p> <p> Made Confirmed</p> <p>STD: / /</p> <p>Drug Trmt: / /</p> <p>Family Plnng: / /</p> <p>Prenatal/OB: / /</p> <p>TB: / /</p> <p>CHC/PHC: / /</p> <p>EI (HIV Ser): / /</p> <p>Mental Health: / /</p> <p>HIV/Prev: / /</p> <p>PCM: / /</p> <p>Alcohol Trmt: / /</p> <p>Immunization: / /</p> <p>Med. Ev. (HCV): / /</p> <p>Services (HIV+): / /</p> <p>Other: _____ / /</p> <p><input type="checkbox"/> No Referrals Indicated</p> <p>Follow-Up Method: _____</p> <p>_____</p>
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Summary of New Client Risks and Risk Patterns Identified:

Attempt at Initial Risk Reduction Step:

Partners Elicited for Self Referral: _____
 HD Referral: _____
 If confidential testing was done and client did not return for results:
 Attempts to return results: _____
 Date HD notified: _____
 Information on HD disposition: _____

Client Risk

- ☐ Sex with Male A V O U
- ☐ Sex with Female A V O U
- ☐ Injection Drug Use
- ☐ IDU/Sharing Equipment
- ☐ Uses Drugs with Sex
 - ☐ Heroin/Opiates
 - ☐ Cocaine
 - ☐ Alcohol
 - ☐ Marijuana/Pot
 - ☐ Inhalants
 - ☐ Designer Drugs
 - ☐ Amphetamine/Speed/Crystal
 - ☐ Unspecified
 - ☐ Other

Other Exposure for HIV and HCV

- ☐ Occupational Exposure
- ☐ Other Needle Exposure
- ☐ Blood Transfusion/Transplant
- ☐ Other Blood Exposure
- ☐ Shared Straw to Snort Drugs
- ☐ Body Piercing/Tattoo-Unsanitary Conditions
- ☐ Blood Transfusion before July 1992
- ☐ Blood Clotting Factors before 1987
- ☐ Received Hemodialysis (kidney dialysis)
- ☐ About 50 or More Lifetime Partners
- ☐ Have Sex or Needle Sharing Partners with HIV
- ☐ Have Sex or Needle Sharing Partners with HCV

Risk of Partner(s)

- ☐ Have Sex or Needle Sharing Partners at risk for HIV:
 - ☐ Have HIV+ Partners
 - ☐ Have Male-male Sex Partners
 - ☐ Partners have Multiple Partners
 - ☐ Have IDU/Sharing Equipment Partners
 - ☐ Other Partner Risk

Other Factors

- ☐ Sold Sex for Drugs or Money
- ☐ Paid for Sex with Drugs or Money
- ☐ Homeless
- ☐ Migrant
- ☐ Client Forced to Have Sex
- ☐ Incarcerated
- ☐ Client has History of STDs
- ☐ Multiple Sex or Needle Sharing Partners